

RCSHIJEW

PTO/SB/30 (04-03)

Request for

Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/627,228
Filing Date	July 25, 2003
First Named Inventor	Moghadam, Farhad K.
Art Unit	1753
Examiner Name	Steven H. Versteeg
Attorney Docket Number	A7632/T49100

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

amendme	sion required under 37 CFR 1.114 Note: If the Rents enclosed with the RCE will be entered in the order in does not wish to have any previously filed unentered ameent(s).	vhich they v	vere filed	l unless applica	nt instructs otherwise. If	
а. 🗌	Previously submitted. If a final Office action is outstandir considered as a submission even if this box is not checke		ndments	filed after the fir	nal Office action may be	
i.	Consider the arguments in the Appeal Brief or Repl	Brief previ	ously file	d on		
· ii.	Other				· · · · · · · · · · · · · · · · · · ·	
b. 🛚	Enclosed	_				
i.	Amendment/Reply				Statement (IDS)	
ii.	Affidavit(s)/ Declaration(s)	iv. ∐ O	ther			
2. Miscella						
а. 🗌	Suspension of action on the above-identified application period ofmonths. (Period of suspension shall not exce	s requested ed 3 months;	under 3 Fee unde	7 CFR 1.103(c) r 37 CFR 1.17(i) re	for a equired)	
b. 🔲	Other				•	
3. Fees	The RCE fee under 37 CFR 1.17(e) is required by 37	FR 1.114 v	vhen the	RCE is filed.		
a. 🛛	The Director is hereby authorized to charge the follow overpayments, to Deposit Account No. 20-1430					
i.	RCE fee required under 37 CFR 1.17(e) (\$790, larg					
ii.	Extension of time fee (37 CFR 1.136 and 1.17)					10627228
			, 01	FC:1801	790.00 DA	
iii.	Other					
iii. b. 🔲	OtherCheck in the amount of \$		<u>'</u>	sed		
b. 🔲 с. 🔲	Check in the amount of \$ Payment by credit card (Form PTO-2038 enclosed)	.,,,,,	enclo			
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b	Check in the amount of \$ Payment by credit card (Form PTO-2038 enclosed) ormation on this form may become public. Credit card in d authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTO	ormation sl	enclo	t be included or	\	ard
b c WARNING: Infi	Check in the amount of \$ Payment by credit card (Form PTO-2038 enclosed) ormation on this form may become public. Credit card in d authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTO	ormation sl	encloonould no	t be included or REQUIRED e ししいそって gistration No.	October 27, 2005	eard
b c WARNING: Infi Information an Signature Name (Print /T	Check in the amount of \$	OR TRAN	enclose enclos	t be included or REQUIRED e ししいれって gistration No.	October 27, 2005 37,234 first class mail in an envelope	ard
b c WARNING: Infi Information an Signature Name (Print /T	Check in the amount of \$	OR TRAN	enclose enclos	t be included or REQUIRED e ししいれって gistration No.	October 27, 2005 37,234 first class mail in an envelope	ard